

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE		
								09/640318				
								APPLICANT(S)				
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.
1	1						51					
2	1						52					
3	1						53					
4	3						54					
5	3						55					
6	3						56					
7	3	12					57					
8	3						58					
9	3						59					
10	3						60					
11	3	12					61					
12	1						62					
13	1						63					
14	3						64					
15	3						65					
16	3						66					
17	3	12					67					
18	1						68					
19	1						69					
20	1						70					
21	3						71					
22	3						72					
23	3						73					
24	3	12					74					
25	3						75					
26	3						76					
27	3						77					
28	3	12					78					
29	1						79					
30	1						80					
31	3	3					81					
32	1						82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	71						TOTAL DEP.					
TOTAL CLAIMS	74						TOTAL CLAIMS					